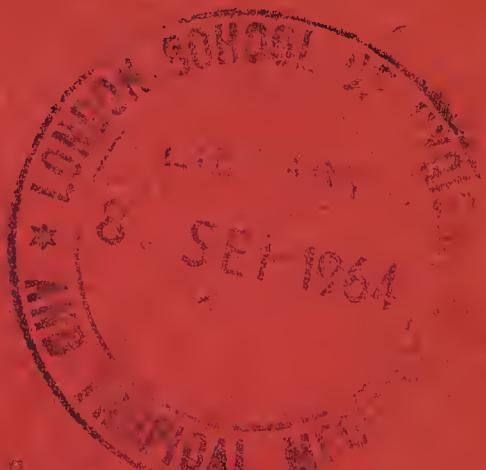


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COUNTY BOROUGH OF SOUTH SHIELDS
EDUCATION COMMITTEE

THE HEALTH OF
SCHOOL CHILDREN

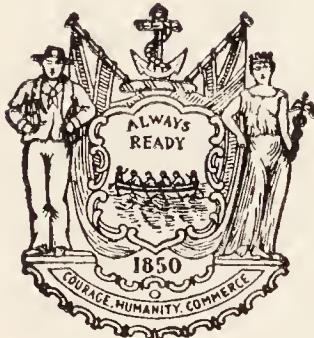
1963

SCHOOL HEALTH
SERVICE

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COUNTY BOROUGH OF SOUTH SHIELDS



ANNUAL REPORT
of the
Principal School Medical
Officer
for the year 1963

I. D. LEITCH, M.B., Ch.B., D.P.H.

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To the Chairman and Members of the Education Committee.

I have the honour to submit my Annual Report for 1963 on the School Health Service.

Programmes of medical and dental inspection, other ascertainment of handicaps and defects, screening for visual and auditory defects and immunisation schemes etc., were all satisfactorily maintained throughout the year in spite of the interruption caused by the typhoid outbreak in June and July and a considerable number of staff changes both of which are referred to elsewhere.

It is pleasing to observe that the service continues to undergo a process of gradual change and evolution to meet the needs and circumstances of the times and I now feel that the schools and the staff of the service are ready to accept the principle of selective examination of 10 year old children in place of the intermediate inspection. This would involve more frequent visits by the school doctor but in recent years the visiting of schools on a more casual basis has been encouraged and accepted by the Head Teachers.

One of the developments in 1963 was the extension of routine tuberculin (Heaf) testing to all school entrants and 10 year olds. In all 1043 tests were carried out in association with the routine medical inspections. The extra work involved (medical and administrative) has been absorbed without too much difficulty. In addition B.C.G. vaccination was offered to children aged 12 as well as the 13 year olds and this meant that some 2,800 children were dealt with this year as compared with only 1,800 in 1962. In 1964 it is intended to offer B.C.G. to 11 and 12 year olds. B.C.G. and tuberculin testing make heavy demands on the resources of the service but the effort is extremely worthwhile and it is clear that both schemes are making a most valuable contribution to the general campaign for the eradication of tuberculosis.

I have also to report that colour vision testing of school children has been extended to younger age groups and that the scheme for ascertaining difficulties of hearing was expanded by the commencement of a Consultant Audiology Clinic. This clinic is held once per month and is directed by Mr. R. E. Jowett to whom I am indebted for his valuable help and guidance. With regard to immunisation schemes a special effort was made to extend tetanus protection to as many school children as possible and 892 children were protected primarily or given reinforcing injections for tetanus. Most of the children were given this protection in conjunction with reinforcing injections for diphtheria.

Whilst extensions and developments involving extra work for the staff have taken place as indicated it is always necessary to examine critically all activities of the service to ensure that its resources are deployed in the most economic way and with the greatest effect. For this reason it was decided to reduce the number of routine cleanliness examinations from two to one per year. This has saved

a considerable amount of the school nurse's time which has been allotted to other matters such as those mentioned above. For the same reason it may be necessary to review the practice of medically examining all school children who undertake out of school employment. Some 377 such examinations were carried out in 1963 and only one child was found unfit, thus suggesting doubt as to the value of this examination.

It is a matter of great concern that after leaving school there is no protective Health Service available for young people similar to the School Health Service. This problem was discussed with the Youth Employment Officers during the year with particular regard to the handicapped school leaver and the usual procedure of notifying such cases on the Form Y9 was thoroughly reviewed. One result has been to extend the use of the form to other appropriate categories of school leavers and the closer links now maintained with the Youth Employment Officers go some way towards closing the gap. Similarly, the referral of certain categories of handicapped school leavers to the Corporation's Welfare Department is also being reviewed.

Regular meetings between the school medical staff and Education Welfare Officers were instituted during the year. At these meetings mutual problems have been discussed and the advantages of such close co-operation are obvious; individual children and families benefit but above all both services operate more efficiently as a result of better understanding.

The outbreak of typhoid fever in the town in June and July, as a result of which seven school children were affected, caused some interference with the various medical programmes for six weeks or more. Primarily, this was due to the participation by medical and other staff in the more urgent tasks which were necessary at the time. However by no means all of the School Health Service work was stopped and all the programmes were resumed after a fairly short time.

Staff changes were numerous. Dr. A. K. Wattie retired in September after a period of 24 years of distinguished and devoted work in the School Health Service and we wish her well in her retirement. Dr. P. A. Y. Narayanan resigned in July to become Medical Officer of Health of a neighbouring county district and Dr. Valerie Calder left in December. Our part-time Psychiatrist, Dr. G. Fiddler resigned prior to his emigration to Australia in August whilst Mr. R. Burn, Dental Officer transferred to a neighbouring Local Authority in June. We also lost through retirement, Nurse E. Appleby after 16 years of excellent service particularly in the Cleadon Park Special School.

Appointments replacing all these vacancies were subsequently made and I have the pleasure of welcoming to the staff Dr. Ann

Carter who joined us in June, Dr. M. T. Sherratt who arrived in January 1964 as well as Mr. E. Lowery and Mr. J. Walsh who were appointed as full time Dental Officers.

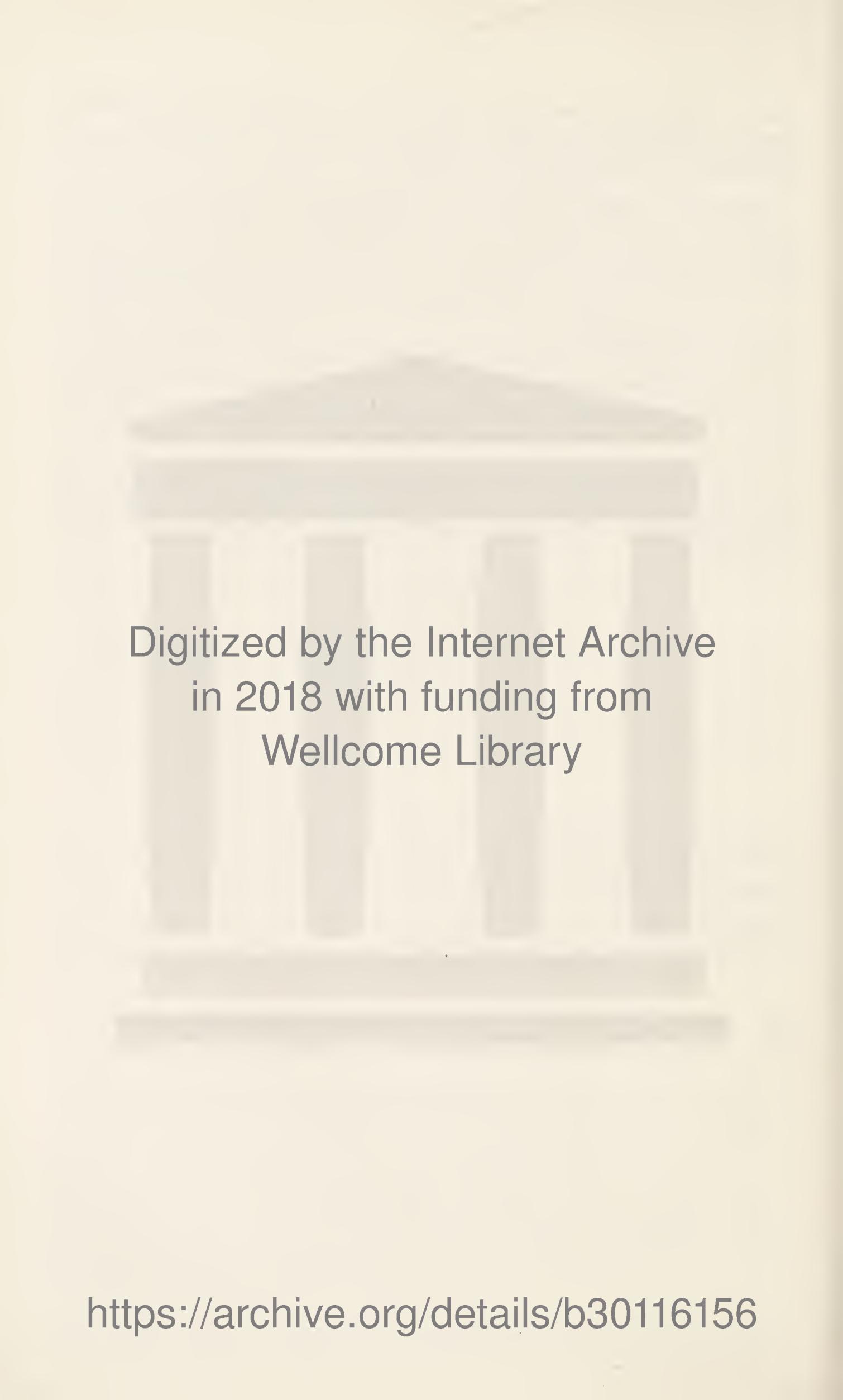
1963 was a year full of interest and activity for the School Health Service. To have made it so it was necessary to have, in the first place, not only the authority but the support and encouragement of the Committee and its members. This was given unstintingly and I record my gratitude with pleasure. I extend also a very sincere expression of thanks to the Director of Education and his staff for their ever ready help and co-operation and to all the Head Teachers and their staffs with whom we work so closely I am deeply grateful. There are many others, especially hospital staffs and family doctors whose co-operation I gratefully acknowledge.

I pay a particularly special tribute to the members of my own staff who have made this a year of considerable achievement and I am indebted to my Deputy, Dr. Buchan for his assistance in compiling this report.

I. D. LEITCH,

Principal School Medical Officer.

Public Health Dept.,
Stanhope Parade,
South Shields.



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EDUCATION COMMITTEE 1963

THE MAYOR
ALDERMAN L. GLOVER, J.P.

Chairman:
COUNCILLOR J. W. IRELAND, J.P.

Vice-Chairman:

ALDERMAN M. E. SUTTON, J.P.

Alderman P. Brady.

Councillor J. L. Fry.

Alderman R. Dodds.

Councillor J. C. Knights.

Alderman R. A. Hart.

Councillor D. M. Marshall.

Alderman A. Stephenson.

Councillor A. M. McDonald.

Alderman J. E. Wright.

Councillor N. S. Smith.

Councillor R. Bainbridge,
M.B.E., J.P.

Councillor A. Stobbs.
Councillor J. Thornton.

SCHOOL HEALTH SERVICE STAFF

Principal School Medical Officer:

DR. I. D. LEITCH, M.B., CH.B., D.P.H.

Deputy Principal School Medical Officer:

DR. A. R. BUCHAN, M.B., B.S., D.P.H.

Senior School Medical Officer:

DR. H. LEVY, M.B., B.S.

School Medical Officers

(*and Assistant M.O's.H*)

DR. A. K. WATTIE, M.A., M.B., CH.B., D.P.H.

(*retired 30.9.1963*)

DR. J. WALMSLEY, M.B., CH.B., D.P.H.

DR. L. M. ROZNER, M.B., B.S., D.P.H.

DR. P. A. Y. NARAYANAN, M.B., B.S., D.P.H., D.T.M.&H.

(*resigned 31.7.1963*)

DR. V. CALDER, M.B., B.S.

(*resigned 31.12.1963*)

DR. A. CARTER, M.B., CH.B.

(*from 4.11.1963*)

DR. M. SHERRATT, M.B., CH.B., D.P.H., D. Obst. R.C.O.G.

(*from 6.1.1964*)

Principal School Dental Officer:

MR. A. B. GIBSON, B.D.S.

School Dental Officers:

R. BURN, B.D.S.

(*resigned 15.6.1963*)

B. SCRAFTON, B.D.S.

E. LOWERY, B.D.S.

(*commenced 26.8.1963*)

J. P. BLUNT, L.D.S. (*sessional*)

J. WALSH, B.D.S. (*sessional*)

(*commenced 19.8.1963*)

Anaesthetist (*part time*):

DR. E. O'NEIL, L.R.C.P.I., L.M., L.R.C.S.I.

Superintendent Health Visitor and School Nurse:

MISS E. MYCOCK, S.R.N., S.C.M., S.R.F.N., H.V. (CERT).

15 Health Visitors.

6 School Nurses.

1 Auxiliary Nurse.

2 Clinic Assistants.

Speech Therapist:

MRS. M. AINLEY, L.C.S.T.

Three dental attendants.

Child Guidance and School Psychological Service:

Consultant Psychiatrist:

DR. G. FIDDLER, M.B., CH.B., D.P.H., D.P.M.
(resigned 17.7.1963)

DR. R. N. STANSFIELD, M.R.C.S., L.R.C.P.
(commenced 10.1.1964)

Educational Psychologist:

MR. I. MCKENZIE, B.Sc.

Social Worker:

Vacant.

Remedial Teachers: 15.

Consultant Advisers:

Paediatrics:

DR. R. D. G. CREERY, M.D., M.R.C.P., D.C.H.

Orthopaedics:

MR. T. A. BERRY, F.R.C.S.

Ophthalmology:

MR. A. SMITH, M.B., Ch.B., M.R.C.S., L.R.C.P.,
D.O.M.S.

Ear, Nose and Throat:

MR. R. E. JOWETT, M.D., M.R.C.P., D.L.O.

Orthodontics:

MR. D. A. DIXON, F.D.S., D.D.O.

Oral Surgery:

DR. R. KERR GILBERT.

Administration:

Chief Clerk:

MR. J. HILTON, M.R.S.H.

Clerks:

MISS J. TINMOUTH.

MISS B. TINDLE.

MISS J. McCORMACK.

MISS E. SHORT (*Boldon Lane Health Centre*)

The following appointments were vacant at the end of the year:—

Additional Speech Therapist.

Social Worker for Child Guidance Clinic.

STAFF TRAINING

COURSES AND REFRESHER COURSES

The following staff attended Courses or Refresher Courses:—

DR. H. LEVY

Conference on Preventive aspect of the Education Services in the field of Mental Health, arranged by the National Association for Mental Health.

DR. J. WALMSLEY

Course on the “Ascertainment of Educationally Subnormal Children”, Newcastle University.

DR. G. S. FIDDLER

Child Guidance Inter-Clinic Conference Organised by the National Association for Mental Health, London.

MR. I. MCKENZIE

Child Guidance Inter-Clinic Conference organised by the National Association for Mental Health, London.

MR. A. GIBSON

Conference “Dental Health Education”, London.

MR. R. SCRAFTON

Post Graduate Study Course, London.

DR. H. LEVY

Conference on “Guidance of Parents of Handicapped Children”, London, organised by the National Deaf Children’s Society.

MRS. A. WHEATLEY

Short course in the Ascertainment of Deafness in Children, Department of Audiology and Education of the Deaf, Manchester University.

MR. W. OLDRYD

Conference on “The Educationally Subnormal School Leaver and His Problems”, organised by the N.A.M.H. at Worcester College, Oxford.

‘IN-SERVICE’ TRAINING

The medical staff, health visitors and school nurses attended in-service training meetings on a monthly basis. In addition, meetings were held regularly throughout the year for the Health Department as a whole.

Members of the medical staff also regularly attend the meetings of the North of England Paediatric Society, branch meetings of the Society of Medical Officers of Health and post graduate courses, meetings and ward rounds organised by the local branch of the British Medical Association.

A one day course on “Health Education in Schools” organised by the Central Council for Health Education took place at the Municipal Clinic during February and was well attended by Health Department staff, Head Teachers, teachers, and health visitors and school nurses from adjoining authorities.

During the visit in September of the mobile units concerned with ‘Smoking and Health’, the lecturers gave an in-service training session to the staff of the School Health Service on didactic teaching methods to school children.

Another afternoon session was held on ‘Road Safety’ in conjunction with the Police when four films were shown and discussed.

SCHOOL BUILDINGS

Details of Schools under construction, adaptations and additions during the year were as follows :—

Major Projects in progress during 1963:—

Marine and Technical College, Stage III.

Marine and Technical College Hostel.

St. Cuthbert’s R.C. Secondary School (Stage II).

Whiteleas County Infants’ School.

St. Oswald’s R.C. Junior Mixed and Infants’ School.

Monkton County Junior Mixed School.

Minor Projects completed or in progress during 1963 :—

Internal Sanitary accommodation installed at :

- (i) Barnes County Junior Mixed School.
- (ii) Barnes County Infants' School.
- (iii) Dean Road County Secondary School.
- (iv) Stanhope County Secondary School.

Extensions carried out at :

- (i) Grammar-Technical School for Boys.
- (ii) Harton County Junior Girls' School.
- (iii) Redwell County Secondary School.
- (iv) Stanhope County Secondary School.

Learner Swimming Pool provided at Harton County Primary School.

Additional playground area provided at Cleadon Park County Secondary School.

Development of extended site area carried out at :—

- (i) Laygate Lane County Primary School.
- (ii) St. Mary's C. of E. Junior Mixed and Infants' School.

ADMINISTRATION

The organisation of the School Health Service has continued unchanged since my Reports of 1961 and 1962. The medical dental and health visiting staff undertake duties in both School Health and the Maternity and Child Welfare Services. This arrangement ensures the closest clinical co-operation and continued care from the pre-school years.

Although the Town Council has instituted a five day working week the School Health Service continues to hold at the Stanhope Parade Clinic Saturday morning minor ailment, immunisation and dental clinics, although the numbers attending are gradually decreasing.

SCHOOL POPULATION

NUMBERS AND ATTENDANCE OF PUPILS AT
SCHOOLS MAINTAINED BY THE AUTHORITY
IN 1963

Type of School	Number of Schools	Number of Children on Register at end of 1963	Average Attendance for the year (%)
PRIMARY—			
Infants	17	3,682	92.14
Juniors	17	5,988	94.98
Juniors and Infants.....	5	1,285	93.62
SECONDARY—			
Modern.....	13	5,047	94.06
Grammar Technical	2	1,919	95.20
SPECIAL—			
Educationally Sub-Normal ..	1	120	91.80
Physically Handicapped	1	109	85.35
OTHER—			
Nursery classes at Harton Infants School	1 full-time 2 part-time	90	80.05

SCHOOL CLINICS

Minor Ailments Clinic.	Municipal Clinic	9.30 a.m.—11.30 a.m. daily.
	Boldon Lane Health Centre.	9.0 a.m.—10.0 a.m., Monday—Friday.
Dental Clinics	Municipal Clinic	9.30 a.m.—11.30 a.m., 2.0 p.m.—4.0 p.m., daily, Monday—Friday.
	Boldon Lane Health Centre	9.30 a.m.—11.30 a.m., 2.0 p.m.—4.0 p.m., daily, Monday—Friday.
Speech Therapy Clinics	Municipal Clinic	Wednesday—Thursday, 9.0 a.m.—12 noon, 1.30 p.m.—4.30 p.m.
	Boldon Lane Health Centre	Tuesday, 9.0 a.m.—12 noon, 1.30 p.m.—4.30 p.m.
	Cleadon Park School	Monday, by appointment only.

Child Guidance Clinics	Boldon Lane Health Centre	Friday morning and afternoon, by appointment only.
Hearing Assessment Clinic	Municipal Clinic	By appointment only.
Skin Clinic	Municipal Clinic	Monday and Friday, mornings.
Refraction Clinic	Municipal Clinic	Tuesday afternoon, by appointment only.
Immunisation Clinic	As and where required.	

MEDICAL INSPECTION

Further experience has been gained during the year by the school medical officers and administrative staff in organising the service on an area basis.

Each medical officer has been given the responsibility of looking after the primary and secondary schools in addition to maternity and child welfare duties within a given area. It is hoped in this way, to stimulate the team approach of doctor, health visitor and school nurse so that the Service is fully conversant with children of all ages and their families.

When sufficient experience has been gained it is hoped to introduce selective medical inspection of the intermediate age group at an early date.

Routine examination meanwhile, of the three age groups continued along traditional lines with inspections arranged on a block system. Eventually, in the near future, with improved accommodation, it is hoped that the school medical officers will visit the schools in their area on a regular basis, say once a week or fortnight in the larger schools and rather less in the smaller schools.

The school medical officer will only be accepted as "the school doctor" by adopting an approach of this sort which allows that essential close contact with teaching staff and pupils.

The parent's questionnaire introduced in 1962 has proved very satisfactory and is of great help to the examining doctor.

Periodic Medical Inspections.

	Number of children inspected	Number of parents present	%
Entrants	2,026	1,931	95.3
Other Periodic Inspections	1,923	1,569	81.6
Leavers	1,564	582	37.3
Total	5,513	4,082	74.0

Other Inspections.

Number of Special Inspections	1,850
Number of re-inspections	2,009
Total	3,859

Dr. Levy and a school nurse made a weekly visit to the Boys Grammar Technical School (nearly 1,000 places). Special cases are examined at these sessions in addition to periodic medical inspections: B.C.G. vaccinations are carried out and tetanus protection, originally given to the school sports and athletic teams, is gradually being extended to cover all the pupils of this school. There is no doubt of the great value of this close liaison between school staff and pupils and the school Medical Officer and nurse.

Miscellaneous Examinations.

The number of examinations carried out for special purposes increases year by year and comprised the following :—

Out of school employment	377
Prior to going on holidays abroad	82
W.V.S. Holiday Scheme	16
Admissions and Discharges from Brough Homes	7
Prior to return to Residential School after Holidays.....	114
Prior to Adoption	1
For Theatrical Licences	—
Boarded Out Children	2
Teachers and Teacher Candidates	133
Referred by Juvenile Court.....	4
School Meals Staff, School Caretakers, etc.....	24
Admissions to Gabbitas nursery	16
Children and Young Persons proceeding from the Court to Remand Homes	14
	790

Out of School Employment.

Of the 377 children examined for out of school employment all but one child was awarded the necessary certificate in accordance with the local Byelaws.

General Condition of Children Inspected.

The school doctors clinically assessed 73 children out of 3,710 children examined (1.97%) to be of unsatisfactory physical condition.

This shows an increase from last year when the number was 45 (0.72%). The national averages for four million children examined in England and Wales during 1960 and 1961 were 0.85 per cent and 0.68 per cent respectively. Thirty (41.1%) of the 73 found to be unsatisfactory, occurred in pupils born in 1957 and 1958.

MEAN HEIGHTS AND WEIGHTS OF SCHOOL CHILDREN 1963

Age in Years	No. of Children		Height (in inches)		Weight (in lbs.)	
	Boys	Girls	Boys	Girls	Boys	Girls
5—6	926	883	43.22	42.78	43.20	41.83
10—11.....	797	690	54.73	54.58	74.38	75.58
14—15.....	664	776	63.06	61.98	112.51	113.14

Cleanliness of School Children.

The school nurses have visited every school for many years on two occasions usually during the Autumn and Spring terms to carry out cleanliness inspections. Children found to be unsatisfactory at these inspections are given any necessary treatment and kept under further observation.

In view of the continued decrease in the number of children found to be unsatisfactory and the great cost involved in professional time, it was decided to have one annual inspection at each school and thereafter selective visiting. In this way the resources of the service could be concentrated on the diminished number of children who need this type of supervision.

		1962	1963
No. seen at first inspection	(a)	19,313	18,902
	(b)	18,549	—
No. seen at re-inspection.....	(a)	839	846
	(b)	937	—
No. of schools visited for first inspection	(a)	56	54
	(b)	55	—
No. of schools visited for re-inspection	(a)	54	54
	(b)	54	—
No. of individual children infested	(a)	501	482
	(b)	482	—

For 1962 figures—(a)—Spring Term. (b)—Autumn Term.

Defects found at Medical Inspection.

Table A, page 68 gives details of the defects (excluding dental disease and infestation with vermin) found at medical inspection during the year for each group examined. By far the commonest defects found were those related to the eyes (204 per 1,000 children examined) followed by abnormalities of the ear, nose and throat (134 per 1,000 children examined) and orthopaedic defects (123 per 1,000 children examined).

Pupils found to require treatment at Periodic Medical Inspection.

Table A(2) on page 66 shows that about a fifth, 21.1 per cent, of the children examined were considered to require treatment. Of this group about half required treatment for defective vision. The number of entrants found with visual defects underlines the need for early ascertainment.

MEDICAL TREATMENT AND SPECIAL CLINICS.

Minor Ailment Clinic.

Daily minor ailment sessions were held at the Municipal Clinic throughout the year with a school doctor in attendance on three occasions each week. One of the sessions was held on a Saturday morning so that pupils could attend out of school hours but recently attendance has been low.

Additional sessions for minor ailments were held at Boldon Lane Health Centre.

In general, treatments were confined to simple medicaments and pupils requiring further attention are referred to their general practitioner and the hospital services.

Some 1,438 pupils attended for treatment of whom 156 were referred to general practitioners or to the appropriate consultant. In addition there were 2,009 return visits made. Of the 5,893 total attendances, 2,446 were of such minor degree as to be treated throughout by a school nurse.

Otological Services.

The comprehensive scheme commenced in 1962 to provide for the ascertainment and assessment of children with impaired hearing made good progress during the year. It is intended that all children will have their hearing tested routinely by an audiometer shortly after entry to school and thereafter as necessary. Children found to have defective hearing are referred to the Hearing Assessment Clinic for accurate assessment and if necessary, to the Audiology Clinic for consultant opinion, medical treatment, special educational provision and parent guidance. Eventually it is hoped, in the not too distant future, to provide a special class in an ordinary school for those pupils who are partially hearing.

We were fortunate in engaging the services of Mr. R. E. Jowett, Consultant Otologist, who became available from September for one session each month. Cases are normally referred to him through the Hearing Assessment Clinic but his services are available to general practitioners directly, should they prefer.

An Assistant School Nurse, Mrs. A. Wheatley, was seconded for audiometric training early during the year at the Department of Audiology and Education of the Deaf, Manchester University and subsequently became responsible for routine pure tone sweep testing, supervision of children with impaired hearing, especially those with hearing aids and attendances at the Hearing Assessment and Audiology Clinics.

In all, during the year 661 pupils received treatment for conditions affecting the ear, nose and throat in hospital and a further 39 children received treatment under the School Health Service.

Audiometry and Routine Hearing Tests.

1. Pre-School Arrangements.

All the health visitors are now suitably trained in the techniques of ascertaining deafness in very young children and all children known to be 'at risk' are examined.

2. Routine Sweep Testing.

As from July 1963, routine pure tone audiometric sweep testing was instituted for all new entrants in South Shields schools. Some 1,430 children born in 1956, 1957 and 1958 were tested at school involving 75 sessions. In addition 45 older children brought to the attention of the audiometrist by Head Teachers because of suspected defective hearing or symptoms related to the ear, nose and throat, were tested.

In all 116 children were considered in need of further investigation and referred to the Hearing Assessment Clinic. By the end of the year 76 had been followed up in this way.

The level of co-operation with the schools has been excellent and Head Teachers have been most helpful especially in the supervision of children wearing hearing aids. It is hoped to issue notes on partially hearing children in ordinary schools and a schematic representation on human hearing for the guidance of teaching staffs early in 1964.

Home visits have been made to give parents guidance with partially hearing and deaf children and to supervise and adjust hearing aids. A register of children wearing hearing aids in the town is being compiled.

Hearing Assessment Clinic.

The purpose and organisation of this clinic, which was set up in November, 1962, is described in my report of that year. The statistics for the first full working year are as follows :—

Total Number of Attendances	249
Boys	127
Girls	87
Adults—	
Males	8
Females	10
Referred by:—	
School Medical Officer	118
Maternity and Child Welfare Clinics	2
Health Visitors	2
E.N.T. Consultant	26
School Nurses	2
Speech Therapist	4
General Practitioners	2
Audiometrist—Routine Sweep Testing	76
Re-assessments	17
No. found to have defective hearing	155
Referred to Audiology Clinic for Consultant opinion.	50

Audiology Clinic.

Mr. R. E. Jowett reports as follows :—

The Audiology Service for South Shields was started in September, 1963. Prior to this, routine sweep testing of children's hearing had been undertaken in the Schools. Attention is paid to new entrants and to cases where the teacher had suspected deafness, possible on account of inattention or sheer backwardness. It is then arranged that I should see such cases, all complete with their records, at a monthly clinic held at the Municipal Clinic, Stanhope Parade. I might say, in this connection, that I have been given every facility and that Mrs. Wheatley, who undertakes the routine audiometry in the Schools and brings the children to the Clinic, has proved extremely satisfactory technically and has shown great understanding as far as the parents' problems have been concerned.

A few cases of nerve or mixed deafness have now been found and fitted with hearing aids. It is hoped, as these cases accumulate, that provision for special education can be made, e.g. in a special class. The Clinic is also open to pre-school cases referred by doctors or from the "at risk" register which has been established by the

Authority, and one very young child has been discovered and fitted with a hearing aid. These cases will require regular supervision—some at six monthly—others at yearly intervals.

A major problem, however, is proving to be that of the children in early school years, say between 5 and 8, who are suffering from middle ear deafness due to catarrhal states. This does not respond, in quite a proportion of cases, to routine removal of tonsils and adenoids. These children require careful supervision, frequently with admission to hospital, a special position in the class, and even the provision of a hearing aid in severe cases. For practical purpose this problem is a new one, brought to light by routine audiometry. It nevertheless has to be taken seriously because it is possible that this condition may persist in later life, apart from interference with education. It is one which is nation-wide, though possibly not so prevalent here as in some other areas. It is one which will continue to require considerable time and effort, both in routine screenings and supervision.

In the four sessions held in the last quarter of 1963, 20 children were seen and treated as follows :—

Referred for surgical treatment	9
Adenoidectomy	4
Tonsillectomy and adenoidectomy	2
Middle ear exploration	1
Antrum clearance	1
Examination under anaesthetic	1
Further investigation and band masking	3
Advice and supervision	5
Hearing aid prescribed	3
Congenital nerve deafness	2
Prematurity complication	1

SPEECH THERAPY

Mrs. Maureen Ainley (nee Ogle) L.C.S.T., reports as follows :—

No. of children referred with Speech Defects	103
Boys	79
Girls	24
No. of Schools Visited.....	10

Categories of Speech Defects.

- (a) Functional Dyslalia—Defect of articulation due to psychological reason or lack of maturation.
- (b) Sigmatism—Interdental—lateral or nasal ‘s’
- (c) Stammer—Primary and Secondary stages.
- (d) Dysphonia—Defect of voice including cleft palate.
- (e) Others—Including Dysphasics, deafness.

Dyslalia	75
Sigmatism	10
Stammer.....	14
Others.....	4
 Total	 103
	—

No. of children received treatment—91.

Results of Treatment.

Discharged (improved)	15
Discharged (left district or left school)	1
Improving	70
Ceased Attending	5
 91	 —

Despite repeated advertisements for a second speech therapist the vacancy has not been filled. Clerical assistance has been made available so that as much professional time as possible is devoted to therapy.

At present the clinic sessions are divided as follows :—

- 4 sessions a week at Municipal Clinic.
- 2 sessions at Boldon Lane Health Centre.
- 3 sessions at Cleadon Park Speech Clinic.
- 1 hour at St. Stephens' Special School.
- 1 hour at Open Air School.
- 1 other session divided between school visits and clerical work. Part of this session had to be given to hearing tests until the school medical officers took over this work.

More children were seen in 1963, mainly due to group therapy in St. Stephen's E.S.N. and Cleadon Park Special Day Schools. However, the majority of patients present too complex a defect for group therapy.

During the year a weekly evening session for adult patients was commenced and this appears to be coping with the hospital waiting list.

A close liaison has been maintained with the hearing assessment clinics.

OPHTHALMIC SERVICES

Vision Testing is carried out in conjunction with Routine School Inspection in the three age groups and prior to entry to the junior school. The accepted standard for referral in the School Health Service is where vision is 6/12 or worse in one or both eyes. It is usual in South Shields, however, to refer in addition, children in the intermediate and 'leaver' age groups for full ophthalmological examination if vision is 6/9 or worse in both eyes. Any child with symptoms indicating eye defects or with signs of strabismus are automatically referred.

In previous years colour vision testing has been carried out in all boys leaving school. Because of the importance of colour vision in certain forms of employment, testing was extended during the year to the intermediate age groups.

Colour vision testing is at present carried out in all boys leaving school.

Hospital Service.

During the year the school medical officers referred 25 children to Mr. Smith, Senior Ophthalmologist at the Ingham Infirmary. Nineteen of these were cases of squint, 16 were provided with glasses and given orthoptic treatment, and occlusion of the good eye was necessary in certain children. Two were submitted to operation to correct the squint and one is awaiting such an operation. The other six children referred were either clinical eye conditions or visual defects and appropriate treatment was arranged.

Refraction Clinic.

Of the 5,513 children seen at periodic medical inspections, 437 were found to require treatment for visual defects. Of these, 105 were examined at the Municipal Clinic and 80 had spectacles prescribed: 311 were seen by opticians who prescribed glasses for 265 children.

Thus over 95% of the children found to have visual defects were examined and provided with spectacles where necessary.

The incidence of visual defects and their treatment for the past three years is given below :—

	1961	1962	1963
Children seen at periodic medical inspections	5,975	6,224	5,513
Found to require treatment for visual defects	435	589	437

Of the above:

Examined at Municipal Clinic	139	180	105
Seen by opticians	280	362	311
Other cases seen by opticians	926	808	902

It is estimated that 20% of school children wear spectacles during some part of their school life.

The following summary shows the proportion of refractive errors encountered at the Municipal Clinic :—

	%
Hypermetropia	13.5
Simple Hypermetropic Astigmatism	12.5
Compound Hypermetropic Astigmatism	28.75
Myopia	21.25
Simple Myopic Astigmatism	7.5
Compound Myopic Astigmatism	12.5
Mixed Astigmatism	3.75

Sanctions for the repair of spectacles was made by the School Medical Officer in 471 cases on Form O.S.C.10. The Education Authority accepted liability in 132 of these cases at a cost of £113 3s. 2d.

ORTHOPAEDIC SERVICE

Children with orthopaedic and postural defects are referred to the local hospital where facilities are available for consultations, surgical procedures and physiotherapy.

The arrangement has worked satisfactorily for a number of years and we are indebted to Mr. Berry, Consultant Orthopaedic Surgeon, for his continued co-operation.

During the year 24 children were referred to the Orthopaedic departments—12 for foot deformities, 6 for spinal abnormalities and 6 for other defects. All of these children were treated, 14 by operation, and there were no cases waiting at the end of year for consultation.

PAEDIATRIC SERVICES

The close liaison existing between the School Health Service and the Paediatric Department of the local hospitals was maintained throughout the year, and we are indebted to the Consultant Paediatrician, Dr. R. D. G. Creery for his continued interest and co-operation.

Several children were referred to the School Clinics by the Paediatrician for psychometric testing and speech therapy.

Hospital Treatment.

During 1963 the department was notified of the discharge from hospital of 1,291 children—154 of these being under five years of age. Of the total 720 were admitted for treatment for ear, nose and throat defects—140 under five years: 70 were treated for fractures and other results of accidents—45 under five years old. Ninety-eight were treated for respiratory infections (82 under five) and 23 had appendicectomy (two under five years).

Arrangements for Special Tuition in Hospital or at Home.

In accordance with the provisions of Section 56 of the Education Act, 1944, arrangements were continued during 1963 for the tuition of children who were long term patients in hospital and also of children who were unable to attend school for long periods owing to illness.

A Qualified Teacher was employed for $12\frac{1}{2}$ hours per week to undertake tuition of children at South Shields General Hospital. The number of children receiving such tuition at any one time varied between 5 and 13. In addition, this teacher was employed for two half-day sessions per week for three short periods during the year teaching children who were patients at the Ingham Infirmary.

A total of 13 children each received tuition at home for five hours per week during 1963. These children were unable to attend school for long periods owing to physical incapacity and home tuition had been recommended by the Principal School Medical Officer. Eleven Qualified Teachers were employed part-time on this work during the year.

SKIN CLINIC

Dr. Levy reports as follows:

Special skin clinics are held on two mornings each week and children with warts and verrucae chiefly attend. Children with skin affections also attend the minor ailments clinics.

The following is a review of the conditions treated in 1963 and compared with the figures for the previous year :—

Ringworm—	1962	1963
Skin	1	5
Scalp	2	1
Scabies	39	89
Impetigo.....	54	79
Warts	111	190
Plantar warts or verrucae	148	160
Other skin conditions	290	299
 Total	 645	 823
	—	—

Perhaps the most striking and serious note is the rise in the number of children with scabies who required attention. Definitely the largest number for the past 20 years. It is not easy to explain this increase. No doubt means of ascertainment have improved. It is also noticeable that the medical practitioners are referring more cases.

Foot inspection is carried out twice a year at a girls' school where showers are used after games and a number of cases of plantar warts are regularly discovered in this way.

The usual large numbers of impetigo and allied conditions also received attention but as pointed out in previous reports the use of antibiotic preparations quickly cleared up these conditions.

As was the case last year, ringworm was very infrequent and presented no problem.

Artificial sunlight was again found to be an effective measure in dealing with certain skin conditions and two children with alopecia, two with acne and one with psoriasis were benefitted in this way.

SCHOOL DENTAL SERVICE

The Principal School Dental Surgeon, Mr. A. B. Gibson reports as follows:—

The yearly figures show a slight increase in the treatment carried out, this being due to the improved staffing position towards the end of the year. In terms of work per dental officer per session the figures are approximately the same as the previous year.

Most children attend as a result of routine dental inspection, but 1,072 were received as “emergencies”, i.e. attended clinics to ask for inspection and/or treatment.

It will be noticed that the number of general anaesthetics remains high. Many more extractions could be done under local anaesthesia were it not for the resistance of both children and parents who insist on “gas”.

Staffing.

Mr. R. Burn resigned in June, on his appointment as School Dental Officer at Tynemouth. Mr. E. Lowery and Mr. J. Walsh were appointed as full time and part time officers respectively in September. The staff at the end of the year consisted of the Principal Dental Officer, two full time officers and two part time officers. (Working 8 sessions per week).

Three Dental Surgery Assistants are employed.

Clinics.

Treatment is given at the Chichester Clinic (three Surgeries) and the Boldon Lane Clinic (two Surgeries).

All equipment is completely modern, and approval given for the purchase of a second “airotor” will complete the facilities at Boldon Lane Health Centre.

The popularity of the latter clinic is demonstrated by the numbers of “emergency” treatments, being 11% as against 5% (of school population) for the Municipal Clinic. This is partly due to there being only one General Dental Services Practitioner in the area, but mainly because parents prefer to attend clinics near to their homes.

Courses.

The Principal Dental Officer attended a conference in London, organised by the General Dental Council, on Dental Health Education.

Mr. B. J. Srafton attended a refresher course for Public Dental Officers arranged by the British Dental Association.

Consultant Services.

Children have been referred to the Consultant Orthodontists and Oral Surgeons at Sunderland General Hospital, South Shields General Hospital and the Newcastle Dental Hospital. We are fortunate in having their services readily available and our thanks are due for their invaluable co-operation.

Orthodontics.

There has been an increase in demand for this treatment with 57 new cases during the year. Eighteen cases were completed with excellent results, 16 discontinued without attaining a satisfactory result. The latter figure is unfortunately the result of children or parents becoming tired of the continuous treatment which is necessary.

This at best even for simple cases lasts for several weeks; more complicated cases take months or years to complete, a fact not always appreciated, even though it is always explained beforehand. Generally speaking however, it is gratifying to see how both children and parents co-operate in this tedious treatment.

Dental Health Education Week.

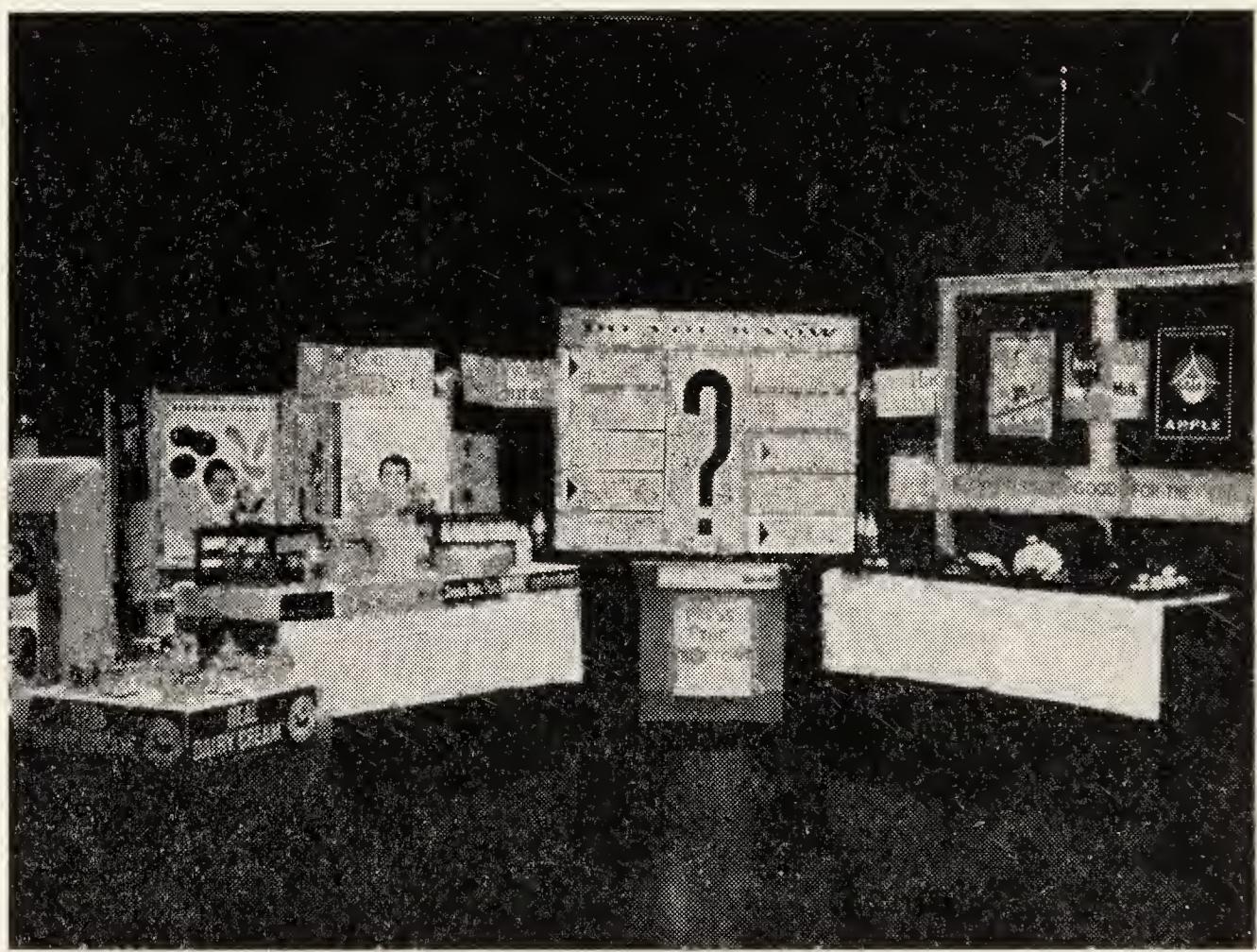
Held in May, this "week" was in fact extended to almost three weeks, owing to the overwhelming demand from schools in response to our offer to show films on dental health. The activities were as follows :—

1. Two films, "Let's Keep our Teeth" for junior and senior children and "Noddy's Party" for infants were shown in almost every school. A School Dental Officer was present to give a short talk and to answer any questions from the children.
2. Pamphlets were distributed to all children, and posters given to all schools.
3. A circular letter was sent to the parents of each child, stressing the need for dental health, and how, with parent's co-operation this could be achieved.
4. A display in the Stanhope Parade Clinic consisted of a "Quiz Panel" obtained from the General Dental Council and an

exhibition of foods which promote dental health (Fruits, vegetables, dairy produce etc.) Posters formed a background to this, and pamphlets were available to take away.

It was thought tactless to ask confectioners to display foods which cause decay, but the posters amply stressed this aspect.

6. Several thousand sample tubes of toothpaste were given by various manufacturers, these being gradually distributed to children whilst having treatment at the clinics.



Our thanks are due to Quigleys Ltd., and Whites Dairies for the displays of fruit and vegetables and dairy produce, also to the Head Teachers and Staff of the various schools.

The campaign was very successful. Great interest was aroused but as with all health education projects, evaluation is difficult. It is hoped that sufficient memory of it will linger to make it all worthwhile.

General Remarks.

With the present staffing position it should soon be possible to inspect the whole school population in one year, and to be able to devote more time to talks and other such activities.

The attitude of parents to conservative treatment is improving, and the most gratifying aspect of our work is the increasing numbers of children, who, having completed a course of treatment accept our offer of regular re-call for inspection at six-monthly intervals.

Nevertheless the acceptance rate continues to be poor, there being little reason to suppose that any but a small proportion on being notified that treatment is required seek this from the General Dental Service practitioners.

Many of our "emergencies" are children who have ignored previous offers of conservative treatment and attend only as a result of toothache, when inevitably extractions are necessary.

By the following simple measures, the present poor dental health can be improved:—

- (1) Avoid the soft "starchy" carbohydrates which cause decay, substituting cleansing foods, i.e. raw fruits and vegetables.
- (2) Clean the teeth regularly and thoroughly after meals, to remove all food particles. Should this not be possible during day-time, at school or work, simple rinsing of the mouth will help considerably.
- (3) Have regular dental inspections (at six-monthly intervals for children). Dental treatment is simple and painless if decay is detected early. Do not wait for toothache—it is then too late.

Parents should encourage their children to care for their teeth, and set a good example themselves. This, coupled with the restoration of the fluoride content of the water supplied to South Shields to its original level could lead to a great improvement in the course of a few years.

Dental Inspection and Treatment.

	1961	1962	1963
Pupils inspected	8,491	12,442	9,734
Found to require treatment	5,459	7,569	6,130
Actually treated	3,014	3,102	2,843
Attendances for treatment	6,349	7,121	7,865
Half-days devoted to—			
(a) Inspection	51	98	91
(b) Treatment	688	1,225	1,280
Fillings—Permanent Teeth	2,288	3,904	3,849
Temporary Teeth.....	140	279	350
Extractions—Permanent Teeth	641	3,855	899
Temporary Teeth	2,798	178	3,295
General Anaesthetics for extraction	1,289	1,531	1,542
Other Operations—Permanent Teeth	785	1,120	1,700
Temporary Teeth	276	380	220

See also Appendix III, Part IV, Page 72.

INFECTIOUS AND CONTAGIOUS DISEASES

Cases of infectious disease notified to the Health Department as occurring among school children are given in the following table.

NOTIFIABLE DISEASE IN SCHOOL CHILDREN 1963

Disease	Number of Cases Reported			
	Nursery School	Primary School	Secondary School	Total
Scarlet Fever	—	44	—	44
Whooping Cough	2	28	—	30
Measles	12	750	9	771
Dysentery	—	8	2	10
Food Poisoning	—	—	1	1
Pneumonia.....	—	9	3	12
Typhoid Fever	—	2	5	7
Tuberculosis—				
Pulmonary	—	19	2	21
Non-Pulmonary	—	—	—	—

Measles.

The biennial measles epidemic which started during the winter months of 1962 reached its peak in the first quarter of 1963 when most of the 771 cases recorded were notified.

The Health Department in conjunction with general practitioners took part in the Public Health Laboratory Service's investigation of the incidence of serious complications of measles, particularly encephalitis and neurological disorders, during the first four months of 1963. A third of all notifications of measles were followed up by a pre-arranged procedure and the record cards returned to the Epidemiological Research Laboratory at Colindale for analysis.

It is hoped to take part in a second stage inquiry at a later date concerning the outcome of reported complications.

Diphtheria.

No cases or deaths occurred for the thirteenth successive year.

It is worth recalling that just 25 years ago the Principal School Medical Officer reported that 457 cases were notified, of whom 42 died. It is not now surprising that during 1938 the Health Committee adopted the policy that every child be immunised.

Mumps.

The outbreak of mumps which commenced during the Autumn of 1962, continued into 1963 and a further 411 cases were notified. No prolonged complications were reported.

Enteric Fever.

In an outbreak occurring during June and July there were seven confirmed cases of typhoid fever in school children, six girls of whom two attended primary school, and a boy. This boy, a fourteen year-old, was the first to be notified. Numerous other school children were followed up by the Health Department staff as possible cases and contacts and the necessary samples taken for bacteriological investigation.

A more complete account of the outbreak which was traced to a food shop in the town where the source was believed to have been a contaminated tin of imported meat, is given in my annual report on the "Health of South Shields" for 1963.

Tuberculin Heaf Testing Programmes.

During the year, routine tuberculin testing was extended to the infant and intermediate groups in conjunction with the periodic medical inspection. Heaf testing was offered to 1,299 children; this was refused by the parents of 256 children, 1,043 children were tested; 902 were negative, 44 were positive and a further 97 children who had previously had B.C.G. vaccination were also positive. For the first time, a tuberculin record card was made out for each child so that in future details of tuberculin sensitivity, conversion, B.C.G. vaccination and X-ray results will be available at a glance.

It is hoped that in this way strong positive reactions will be more easily supervised and that even after leaving school, appointment for annual chest X-ray can be arranged. (See also p. 41 for details of B.C.G. Scheme).

Just prior to the summer recess a school caretaker was notified with extensive bilateral tuberculosis. As he had recently commenced duties at a primary school it was felt desirable to Heaf test all the infants, both before and after the summer holidays. Some 196 children were tested (about 88% of those at risk) and four children thought to have had recent conversions (to positive reactions) were referred to the chest clinic for supervision and treatment.

The staff and other adult contacts at both schools were advised to attend the Mass Miniature Radiography Unit. The children at the secondary school were found to have had little or no contact with the caretaker and most of the pupils had been protected with B.C.G. so that no further action was considered necessary.

For the second successive year the number of infections has significantly increased but as indicated in the report for 1962 this is due to the difficulty in establishing a generally acceptable definition of which cases should be notified. The Public Health (Tuberculosis) Regulations 1952 state that cases should not be notified on evidence received solely from tuberculosis tests. At that time children requiring medical treatment which was usually given in hospital or in whom a complication occurred were notified. However, in recent years, with increased use of routine tuberculin testing of school children, it is recognised that strongly positive reactors, i.e. grade 3 and 4 on Heaf testing, are more likely to develop an active tuberculosis lesion within a few years.

For this reason children under the age of ten who give a strongly positive reaction, are given chemotherapy whether or not there are symptoms of a demonstrable lesion. This treatment in most cases can now be given successfully at home without any modifications in the normal course of living and is a valuable preventive measure.

The notifications statistics recorded above include all such cases.

Tuberculosis.

The incidence of respiratory and non-respiratory tuberculosis in children has fallen steadily in the last two decades.

Twenty-one school children were notified as having tuberculosis during the year. No deaths were recorded in this age group from tuberculosis for the fourteenth successive year.

Age Group	1963		1962	
	Respiratory		Respiratory	
	Boys	Girls	Boys	Girls
5—9 years	4	15	4	1
10—14 years	—	2	4	2
Total	21		11	
Non-Respiratory				
5—9 years	—	—	—	—
10—14 years	—	—	2	1
Total	—		3	

	Respiratory		Non-Respiratory	
	Notification	Deaths	Notifications	Deaths
1921-25	62	17	62	14
1926-30	49	13	71	14
1931-35	35	11	65	16
1936-40	21	3	40	6
1941-45	25	2	30	5
1946-50	27	1	15	3
1951-55	27	—	7	—
1956-60	12	—	2	—
1961	6	—	—	—
1962	11	—	3	—
1963	21	—	—	—

Exclusion from School.

The following rules for the exclusion of school children who are cases or contacts of infectious disease have been in force since 1959. They are based on Ministry of Education and Ministry of Health recommendation .

COUNTY BOROUGH OF SOUTH SHIELDS

EXCLUSION FROM SCHOOL OF CERTAIN INFECTIOUS DISEASES.

	Usual Incubation Period (days)	Period of Exclusion from School.	
		Patients	Contacts
Whooping Cough	7-10	28 days from beginning of the characteristic cough.	Infants (<i>i.e.</i> those attending infant school department) who have not had the disease should be excluded for 21 days from the date of onset of the disease in the last case in the house.
Measles	10-15	10 days after the appearance of the rash if the child appears well.	Infants who have not had the disease should be excluded for 14 days from the date of appearance of the rash in the last case in the house. Other contacts can attend school. Any contact suffering from a cough, cold, chill or red eyes should be immediately excluded.
German Measles.	14-21	7 days from the appearance of the rash.	None.
Mumps	12-28	14 days from the onset of the disease or 7 days from subsidence of all swelling.	None.
Chickenpox	11-21	14 days from the date of the appearance of the rash.	None.
Scarlet Fever (and Strepto-coccal sore throat)	2-5	7 days after discharge from hospital or from home isolation, provided all symptoms and signs have disappeared.	Children—no exclusion. Persons engaged in handling of food—until certified by Medical Officer of Health as free to return to duties.
Diphtheria	2-5	Until pronounced free from infection.	7 days after removal of patient to hospital or beginning of home isolation. Scholars, after bacteriological examination proved to be negative.
Acute Polio-myelitis	7-14	A minimum period of 6 weeks—usually longer.	A minimum period of 3 weeks.
Meningo-coccal Meningitis	2-10	A minimum period of 6 weeks—usually longer.	A minimum period of 3 weeks.
Dysentery	1-7	Until declared free from infection by Medical Officer of Health	Children—no exclusion if bacteriological investigation is negative. Persons engaged in handling of food until certified by Medical Officer of Health as free to return to duties.
Infective Hepatitis	10-40	Until declared free from infection by own medical practitioner.	None.

VACCINATION AND IMMUNISATION

The schedule of Vaccination and Immunisation (page 40) was introduced with notes for the guidance of Health Department Staff and local general practitioners in August and replaces the programme drawn up in January 1961, which had been amended in the light of recent circulars from the Ministry of Health and the availability of new vaccines.

The final choice of programme, however, is the prerogative of each doctor and it may be desirable to modify the schedule to meet special circumstances.

Where possible it is the intention to provide 'half volume' vaccine, *i.e.* the usual immunising dose of each constituent is contained in 0.5 cc.

Vaccination against Smallpox.

During the year 47 children of school age received primary vaccination and 21 pupils were re-vaccinated.

Vaccination against Poliomyelitis.

Routine vaccination against Poliomyelitis continued throughout the year. Sabin (oral) vaccine which was introduced into the programme in March, 1961 for primary immunisation and also for reinforcing doses to complete courses of Salk vaccine was used in the main.

POLIOMYELITIS VACCINATION

OF

CHILDREN BORN BETWEEN 1948 AND 1958 (INCLUSIVE)
DURING 1963

<i>Sabin Vaccine</i>		<i>Salk Vaccine</i>
73	Primary Vacc.	1
81	Third Vacc.	5
(after three Salk doses) 731	Fourth Vacc.	21

PRIMARY IMMUNISATION PROGRAMME—SCHEDULE P. (MODIFIED).

Vaccine	Visit	Age	Interval	Method
Smallpox Vaccination	1	In first two years, preferably during second year.	At least 3 weeks before other vaccines.	A single insertion using 10-30 pressures at the lower posterior border of deltoid, by multiple pressure technique. Cover lesion.
Triple Antigen (Diphtheria, Pertussis and tetanus)	2 3 4	First injection to commence between 3 months and 6 months.	4-6 weeks between each injection.	0.5 cc. half volume vaccine I.M. or deep subcut.
Poliomyelitis (oral) Vaccine.....	5 6 7	Between 7 and 11 months or to commence at least 4 weeks after Triple Vaccine.	4-8 weeks between each dose.	On sugar, in syrup or directly.
Triple Antigen	8	Between 18 and 21 months.		0.5 cc. half volume vaccine I.M. or deep subcut.
Diphtheria and Tetanus Vaccine (Adsorbed)	9	Between 4-5 years		0.5 cc. adsorbed half volume vaccine I.M. or deep subcut.
Diphtheria and Tetanus Vaccine (Adsorbed)	10	Between 8-10 yrs.		0.1 cc. adsorbed half volume vaccine I.M. or deep subcut.
B.C.G.	11	Between 10-13 yrs.	At least 4 weeks after other vaccines and no other vaccine for 3 months.	0.1 cc. intradermally into skin over insertion of L. deltoid in tuberculin negative reactors.

Diphtheria and Tetanus Immunisation.

Every effort has been made at the pre-school medical and school entry inspections to check the immunisation state of each child and ensure that a reinforcing dose is given before or near to entry to school.

A further complication in the already complex immunisation arrangements, was the introduction of tetanus protection with the diphtheria booster to this group.

Where possible arrangements have been made to hold immunisation sessions in schools as this offers the best chance of success.

1. Primary Immunisation.

(a) Fifty-eight school children were immunised for the first time during the past year at school clinics or by their family doctor.

Age in years	5	6	7	8	9	10	Total
No. immunised	42	7	4	2	2	1	58

(b) Eighty children were given a primary course of diphtheria and tetanus protection at pre-school medicals;

2. Reinforcing Doses.

Some 113 school children received booster doses against diphtheria only; 331 school children had booster doses against diphtheria and tetanus and 561 school children received diphtheria booster and commenced a primary course of tetanus protection.

In addition 537 children at pre-school medical examinations received boosting doses against diphtheria.

B.C.G. Vaccination.

The improved methods of control of tuberculous infection in adults is steadily reducing the incidence of the disease in children. B.C.G. vaccination offers a further means of preventing children from being infected.

1. *Contacts.*

As in previous years, B.C.G. vaccination has been offered to all tuberculin negative children who are known to be exposed to tuberculous infection. The responsibility for the supervision and care of such children lies with the Chest Physician. The following figures indicate the increasing use which has been made of this service in the last thirteen years.

NUMBER OF CHILDREN VACCINATED WITH B.C.G. AT THE CHEST CLINIC

1951	5 children	1957	46 children
1952	31 ,,	1958	66 ,,
1953	16 ,,	1959	136 ,,
1954	16 ,,	1960	144 ,,
1955	42 ,,	1961	107 ,,
1956	34 ,,	1962	150 ,,
		1963	213 ,,

2. *School Leavers.*

B.C.G. vaccination has been offered annually since 1954 through the School Health Service to all children over thirteen years of age who were known (after Heaf testing) to be tuberculin negative, after successful vaccination the Heaf test is converted and the child becomes a positive reactor. Routine post vaccination tests are no longer carried out. The protection thus afforded is known to last several years and will carry them over a most susceptible period.

In 1963 this scheme was extended to include children in the 12 year age group, i.e. those born in 1951 and 1952.

**TUBERCULIN TESTING, B.C.G. VACCINATION AND
MINIATURE RADIOGRAPHY OF 12 & 13 YEAR OLD PUPILS IN 1963.**

	1962	1963
No. of 12 & 13 year old children on registers	1,806	2,873
No. of children offered tuberculin testing and vaccination if necessary	1,806	2,873
No. of consents received	1,435	2,303
Percentage of consents	79.5%	80.2%
No. of refusals	212	363
No. not returned	86	207
No. vaccinated or tested previously	56	41
No. already notified as tuberculosis	17	22

	1962		1963	
	Boys	Girls	Boys	Girls
No. Tuberculin tested	698	714	1,111	1,136
No. Tuberculin tested and read	676	699	1,108	1,136
Positive	94	83	162	171
Percentage	13.5	11.6	14.6	15.1
Negative	582	616	946	965

	1963	
	Boys	Girls
Heaf Grade of children tested and read... (Percentage)	0	946 (85.4)
	1	76 (6.8)
	2	35 (3.2)
	3	33 (3.0)
	4	18 (1.6)
		965 (85.0)
		69 (6.1)
		41 (3.6)
		39 (3.4)
		22 (1.9)

	1962		1963	
	Boys	Girls	Boys	Girls
No vaccinated with B.C.G.	582	616	946	965
No. invited to be Mass X-rayed	94	83	162	171
No. actually Mass X-rayed	71	70	159	171
Found to be tuberculous	—	—	—	—
Other defects found	—	—	3	1

Three hundred and thirty-three children found to be naturally positive *i.e.* those not previously vaccinated with B.C.G. were given appointments for Mass X-ray and the parents advised that an annual chest X-ray was desirable. Of these, 330 were X-rayed and four found to have abnormal conditions, and were kept under observation by the chest clinic. All the appointments were followed up by a

visit from the health visitor in order to explain matters more fully, allay any fears where necessary and undertake routine contact tracing. The positive reactors are notified to the appropriate general practitioners.

3. *Students.*

Once again arrangements were made under the Ministry of Health Circular 7/59 to offer B.C.G. vaccination to students attending courses at the Marine and Technical College.

No. Tested	175
Positive.....	112
Negative	20
No. Vaccinated with B.C.G. ...	20

As many of the students are seagoing personnel and in older age groups the high percentage of positive reactors was to be expected. Thirty of those with positive Heaf tests had previously been vaccinated with B.C.G.

All the naturally occurring positives were referred to the mobile Mass Miniature Radiography Unit which attended the college on the same day. All accepted and one was referred to the Chest Clinic for occasional supervision.

Thirty-nine members of staff and students not tested also took the opportunity to visit the unit for chest X-ray, and one was referred to the Chest Clinic.

REPORT OF THE SUPERINTENDENT HEALTH VISITOR AND SCHOOL NURSE

Miss Mycock reports as follows:—

A full description of the duties of Health Visitors in relation to the School Health Service and the duties of School Nurses was given in the Report for 1962.

Changes in the year included a reduction in the number of routine visits such as follow-up after B.C.G. vaccination so that further time could be devoted to their ever increasing commitments.

During the year several health visitors were invited into secondary schools to give a series of informal talks on health matters and senior pupils paid visits to child welfare clinics.

As mentioned previously, the number of routine hygiene examinations were halved, enabling school nurses to attend periodic medical inspections with the school doctor. The increase in eye testing to intermediate age groups and the commencement of heaf testing of school entrants also involved school nurses in additional, but very worthwhile work.

Despite alterations in programmes to absorb the additional services, it was found necessary to employ a further school nurse during the year and two clinic attendants. This latter appointment was a new venture designed to save much needed professional time and was found to be an invaluable aid to both health visitors and school nurses.

The health visitors paid 272 visits to homes of school children to ascertain whether the necessary treatment was being obtained, 15 visits in connection with uncleanliness, 329 visits after surgical and dental treatment, 24 in connection with orthopaedic cases, 271 regarding educationally sub-normal children, 144 in connection with child guidance cases, 408 regarding children for B.C.G. vaccination and 1,291 follow-up visits on discharge from hospitals.

In addition 404 visits were paid by the school nurses to the schools for routine medical inspections apart from 440 visits to the schools in connection with cleanliness surveys.

The health visitors and school nurses also attended 822 sessions at the general school clinics, 14 sessions at the dental clinics, 52 sessions for artificial sunlight treatment, 31 sessions for immunisations, 14 sessions at the ear, nose and throat clinic, 57 sessions for B.C.G. vaccination and 80 sessions in connection with vaccination against poliomyelitis. In addition the health visitors attend child welfare and other clinics.

NURSERY CLASSES

These classes continued their important work during 1963. It was evident that the demand for places was in excess of present accommodation and at the beginning of every term when the new pupils are admitted there is always a waiting list of 20 or 30. It is hoped that the recommendation mentioned in last years report be favourably considered in order that all applications for admission be

satisfied. This means that 30 children would attend in the morning and a different group in the afternoon. This would apply to both classes.

Training by means of play is an important item in such an establishment and the proposal of the use of an old ambulance for this purpose is a novel and interesting suggestion. It is hoped this will be made possible in the near future.

Although absences due to colds and infectious diseases occurred as usual during the winter months there was no major epidemic and the average attendance of 80·9 was a definite improvement on last year.

HANDICAPPED CHILDREN

Dr. H. Levy reports as follows:

The arrangements in the placing of handicapped pupils was mainly as described in last year's report. Naturally there are several changes but the following gives the position towards the end of 1963.

1. Blind and Partially Sighted Children.

One girl who is certified as blind attended the Royal Victoria School for the Blind in Newcastle upon Tyne. A boy whose vision is also severely impaired attended the Preston Special School for the Partially Sighted.

2. Deaf and Partially Hearing.

Ascertainment of such cases is facilitated by the work of the Audiology Clinic described elsewhere. Eleven children with severe hearing defects attended the Northern Counties School for the Deaf, in Newcastle upon Tyne—10 as day pupils and one as a weekly boarder.

3. Physically Handicapped and Delicate.

The group is subdivided as follows:—

(a) Spastics—5 Cases.

Two attended the Percy Hedley School at Newcastle upon Tyne one as a boarder and one as a day pupil. One is awaiting admission

to this school but is at present having home tuition. One received home tuition and one is awaiting home tuition.

(b) Spina Bifida.

Two children attended Coney Hill Home, Hayes.

(c) Other Conditions.

Asthma—One child attended Pilgrims School Seaford.

Asthma and Eczema—One girl attended St. Patricks Open Air School, Hayling Island.

Bronchiectasis—One boy attended Redworth Hill, Co. Durham.

Osteomalacia—One girl attended Cedar Special School, Gateshead.

Haemophilia—One child received home tuition.

Slipped epiphysis of the femur—One child received home tuition.

Scoliosis—2 cases—One child received home tuition and one child is awaiting home tuition.

Severe foot deformity—One child received home tuition.

Cleadon Park Special Day School.

Places are available for 150 children but unlike St. Stephen's Special Day E.S.N. School they have not been filled to capacity in recent terms. At the end of the year 109 children, 68 boys and 41 girls, were attending. Twenty-six new entrants (13 boys and 13 girls) were admitted during 1963 and 34 left (13 boys and 21 girls) of whom 8 returned to ordinary schools.

The children's physical disabilities are classified as follows:—

Delicate 49

Respiratory Disease—

Bronchitis, Asthma, Repeated U.R.T.I.	...	...	...	22
Bronchiectasis	...	...	...	2
Sequelae Respiratory Tuberculosis	...	...	...	2
			—	26

Congenital Malformations (excluding Congenital heart lesions)—

Hydrocephalus	...	...	...	...	...	...	...	1
Congenital dislocation of Hip	...	...	...	...	...	...	...	1
Talipes	...	...	...	...	...	...	...	2
Malformation of Hand	...	...	...	...	...	...	...	2
								6

Heart Disease—

Congenital	...	...	...	...	...	...	...	5
Rheumatic	...	...	...	...	...	...	...	1
Paroxysmal Tachycardia	...	...	...	...	...	...	...	1

Epilepsy—

4. Educationally Sub-Normal.

By the end of 1963 some 234 children (1.3% of those on the register) were classified as educationally sub-normal and were placed as follows:—

	Boys	Girls	Total
At Special Day Schools	60	63	123
At Special Residential Schools	8	2	10
Awaiting admission to residential schools .	1	2	3
At normal schools	53	39	92
At independent schools	2	—	2
Home tuition.....	—	—	—
Under review at home	2	2	4
<hr/>	<hr/>	<hr/>	<hr/>
Total	126	108	234

Special Day E.S.N. School (St. Stephens).

Places are available for 120 children and there were 120 on the register at the end of the year. Twenty-two were admitted during 1963 and 21 left the school. Of those leaving three were transferred to special residential schools and one was reported to the Local Health Authority as ineducable. One child returned for trial at normal school. Of the 16 remaining three were recommended to the Mental Welfare Officer for further informal supervision.

During the year 5 children attending the Special Day School were re-assessed by School Medical Officers and the following recommendations were made:—

	Boys	Girls	Total
Transferred to Ordinary School	—	1	1
Transferred to Ordinary School with remed- ial teaching	—	—	—
To remain at Special Day School	2	2	4
<hr/>	<hr/>	<hr/>	<hr/>
Total	2	3	5

Ascertainment of Backward Children.

During 1963, 70 children were referred by Head Teachers or brought to the notice of the School Health Service as being educationally retarded. After examination by the approved school medical officers, their disposal was arranged as follows:—

	Boys	Girls	Total
1. Transfer to E.S.N. School (Day)	10	12	22
2. Transfer to E.S.N. School (Residential)	3	2	5
3. Recommended to Remedial Teaching	24	10	34
4. Referred to Child Guidance Clinic.....	2	—	2
5. Decision deferred	3	2	5
6. Referred for further examination (under 5 years)	1	1	2
Total	43	27	70

Two children who were physically handicapped as well as being E.S.N. were also admitted to residential schools.

A further six children were ascertained and recommendations made that they be reported to the Local Health Authority.

In all but the very severely mentally subnormal it is usual to admit such children for a trial period to the local primary school which ensures that every child has the opportunity of being educated to the maximum of his or her capability.

5. Maladjusted Children.

There are eight such children who were found unsuitable for normal education:—

One attended Birtley Hostel, Co. Durham.

One attended East Hill House School, Colchester.

One attended Bodenham Manor, Hereford.

Two are awaiting admission to Special School.

Two received home tuition.

One is awaiting home tuition.

YOUTH EMPLOYMENT SERVICE AND THE PLACEMENT OF HANDICAPPED YOUNG PEOPLE

I am indebted to Mrs. K. M. Roddham and Mr. J. McCluskey, Youth Employment Officers, for the following information:—

Employment Situation.

In common with other areas of the country, lack of suitable opportunities in South Shields hampered prospects during the early part of 1963. It was unfortunate that severe weather conditions seriously affected building and construction work and other outdoor activities with a consequent brake on prospects for boys of limited academic ability.

As the year progressed, a shortage of openings for boys, and to some extent for girls, led to under-employment at varying levels and this reflected on the less academic school leavers who were at times depressed into unemployment. Arrangements were also put in hand for special classes for school leavers who failed to obtain employment and who wished to return to school for a period. Recreational facilities were also arranged for those who might benefit from them. On the whole, response from the type of pupil who was expected to use these facilities was rather disappointing.

Towards the end of the year, however, some improvement in the employment situation became apparent and, as the statistics indicate, only a small proportion of pupils who were educationally sub-normal or physically handicapped remained unemployed.

Handicapped Children Leaving Day Special Schools.

During the year 21 children were eligible to leave St. Stephen's School for the educationally sub-normal and 19 children from the Cleadon Park Special School.

The following table shows the position of leavers from each school:—

	No. from St. Stephens' School		No. from Cleaton Park Special School		Total
	Boys	Girls	Boys	Girls	
Eligible to leave.....	13	8	5	14	40
Fairly long term employment	4	7	3	8	22
Short term employment	7	—	2	1	10
Unemployed	2	1	—	3	6
Left Area	—	—	—	1	1
F/T Further Education (Commercial Course at Marine and Technical College	—	—	—	1	1

Among those recorded as unemployed, one boy and two girls were attending the Training Centre; one girl was in hospital and another girl remained at home to care for the family following the death of her mother.

Handicapped children leaving Normal Schools and Special Residential Schools

Thirteen handicapped children who were attending normal schools left during 1963. Of these, ten were borderline E.S.N., one was maladjusted and two had a physical handicap.

Only one of these is registered at the Youth Employment office as unemployed. The other twelve (8 boys and 4 girls) are satisfactorily employed or undergoing further training.

Of the three physically handicapped children who left special residential schools during the year, one is employed on light work, one girl was undergoing training at the end of 1963 as a telephonist, and the third was unemployed.

THE SCHOOL PSYCHOLOGICAL SERVICE

Mr. J. R. McKenzie, Educational Psychologist, reports as follows:—

This service deals with a variety of problems which can be divided into two main categories; educational problems and behavioural problems. There are many kinds of behaviour disorders and the problem child is not exclusively the community nuisance. Of course there are the aggressive types, rebellious and insolent to authority, and the bullies, the truants and those with other anti-social tendencies e.g. stealing, fire raising. However, there are also

the over anxious, the timid and the immature. There are cases of genuine school phobia, there are those who are too dependent on mother, and there are those whose home worries are causing a general unhappiness which manifests itself at school. In addition to these there are those with psychosomatic pains and sickness, those with problems of wetting or soiling, and those afflicted with a tic, blinking, stammering, etc. There are also those who become behaviour problems in school as a result of hyper activity or poor motor co-ordination.

Work on educational problems includes the investigation of poor educational progress and advice and help as to its betterment. It also includes advice concerning the suitability of certain individuals for certain classes of work. There is wide use of standardised tests in this type of work. In the year 1963, 133 children were seen by the School Psychological Service. Some were seen only once, others were seen once a week for several months. In some cases the parents were interviewed as well as the head teachers and class teachers. More boys than girls were referred, but referrals were quite even between the junior and secondary levels.

In September, 1963 a third Remedial Teaching Centre was opened at Stanhope Junior School. There are now 15 part-time remedial teachers, teaching 180 children at three different centres.

CHILD GUIDANCE CLINIC

Dr. G. S. Fiddler, part time psychiatrist resigned on 17.7.1963 and until the appointment of his successor Dr. R. Stansfield who commenced in January 1964, the weekly Child Guidance Clinic was carried on by Mr. I. McKenzie, School Psychologist. Five urgent cases referred from the juvenile court were seen by Dr. A. Gillis by special arrangement.

Prior to his resignation Dr. Fiddler attended 54 sessions and saw 35 new cases (25 boys and 10 girls) and 31 cases brought forward from 1962 (25 boys and 6 girls). These children made 224 attendances.

Mr. McKenzie attended 34 sessions and saw 20 new cases (15 boys and 5 girls) who made 115 attendances.

Summary:

Sessions	88	54 Psychiatrist
		34 Psychologist only.
New cases seen	55	40 boys
		15 girls.
Cases brought forward	31	25 boys
		6 girls.
Total children seen	86	65 boys.
		21 girls.

Total attendances 339

Cases referred to Child Guidance Clinic by:

Juvenile Court—8.

General Practitioners—6.

School Medical Officers—41.

CLINIC FOR MENTALLY SUB-NORMAL

A regular monthly clinic for the Mentally Sub-normal of all ages was held throughout the year by Dr. George McCoull, Medical Superintendent of Prudhoe and Monkton Hospital. Some fourteen children attending school were referred by school medical officers.

Over the years all the mentally sub-normal in the Borough are followed-up in this way so that the hospital service have prior knowledge of all who might require institutional care, should the need arise.

DEATHS AMONG SCHOOL CHILDREN

Five school children died during the course of 1963 and of these two were due to accidents and were thus avoidable.

The following table gives details of cause of death by age and sex:—

Causes of Death	Boys		Girls		Total
	5—9	10—14	5—9	10—14	
Spina bifida	—	—	—	1	1
Congenital Kidney Disease ..	—	—	1	—	1
Road Accidents	2	—	—	—	2
Infectious hepatitis	—	—	1	—	1
Total	2	—	2	1	5

The average annual deaths among school children and pre-school children since 1901 were as follows :—

Quinquennium	Under 1	1/4 years	5/14 years	Average Annual Deaths
1901-5	539	302	101	942
1906-10	455	266	82	803
1911-15	440	268	94	802
1916-20	388	251	136	775
1921-25	318	202	92	612
1926-30	240	146	88	474
1931-35	186	100	72	358
1936-40	136	59	53	248
1941-45	127	38	36	200
1946-50	105	23	15	143
1951-55	68	12	8	88
1956-60	46	6	6	58
1961	52	7	3	62
1962	45	8	6	59
1963	33	8	5	46

The majority of deaths in children as the above table demonstrates occur in the first year and most of these are within the neonatal period. Further saving of child life in the school years appears mainly concerned with accident prevention which is a problem not only for medical research and treatment but also for other services. The statistics for non-fatal accidents and what might have been are extremely difficult to compile unless undertaken by a planned research project. The following section gives an indication of some of the accidents occurring to South Shields children on our roads but only those in which the police have been concerned.

Many more are not recorded and, of course, accidents in and about the home are even more numerous.

Road Accidents.

Taken from the Report of the Chief Constable for the year ending 31st December, 1963.

Ages	1962			1963		
	Fatal	Injured	Total	Fatal	Injured	Total
Under 5	1	34	35	1	23	24
5—8 years	1	37	38	1	31	32
8—12 years	—	28	28	1	27	28
12—16 years	—	18	18	—	30	30
Total	2	117	119	3	111	114

Road Safety.

A Police Officer has been delegated by the Chief Constable with the permission of the Local Education Authority for the teaching of Road Safety in the schools of the Borough.

Every school is visited during the course of the academic year and by the end of 1963 five Junior Road Courtesy Clubs were in being with a membership of 5,150.

Cycling Proficiency Tests.

1,150 children were tested and 791 successful candidates were awarded certificates.

Road Safety Exhibition.

An exhibition of Road Safety was held at the Annual Flower Show and many children took the opportunity to visit it and see the standing exhibits and film show.

HEALTH EDUCATION

The schools were included in the Health Education programme for the whole community.

Lectures and talks in the schools were given by school medical officers and health visitors at the request of Head Teachers and the schools were provided with posters and health education material when appropriate.

Special campaigns included the following:—

Smoking and Health.

In September the town was visited by the mobile unit of the Central Council for Health Education for 10 operational days when a campaign on 'Smoking and Health' was promoted. The campaign concentrated mainly on school children and young people. After an official reception with suitable Press and television coverage, the lecturing team visited each large junior and secondary school in rotation.

In support of this project every child attending schools maintained by the Authority were given a letter for their parents from the Principal School Medical Officer stressing the hazards of smoking to health.

In addition opportunity was taken to give individual guidance particularly in association with the routine school inspection.

Accident Prevention.

In conjunction with the monthly campaign topic, a poster competition was held in junior schools throughout the town. Children were asked to list the dangers on scenes provided by the Royal Society for the Prevention of Accidents and colour in the picture.

The posters were displayed in the Municipal Clinic and the winners who immediately spotted more hazards than the judges were presented with book tokens by the Mayor.

I am indebted to the Chief Constable and his staff for their valuable work in the field of road safety which is described in previous pages.

Health Education in Schools.

A one day course organised by the Central Council for Health Education was given to appropriate Health Department staff and to Head Teachers on some aspects of Health Education in Schools. Representatives from adjoining Authorities also attended. Dr. D. Sasieni and Mr. Porter carefully avoided a didactic approach

and possibly because of this, stimulated much thought and criticism especially from the teaching staff.

Largely as a result of this meeting, useful discussions were held with the Head Teachers' Association in an attempt to formulate future policy.

National Education Week.

On the occasion of the first National Education Week held during November, a collection of health education material was displayed at the Municipal Clinic for the benefit of teachers, tutors, youth club leaders, social workers and anyone interested or involved in health education. The exhibition included a wide range of posters, books, pamphlets, leaflets, film strips, flannelgraphs and other visual aids available from the Ministry of Health, Central Council for Health Education, Royal Society for the Prevention of Accidents, National Association for Mental Health and other bodies.

Dental Health.

There seems little doubt that with the reduction in the fluoride level in South Shields, water supply there has been an increase in dental caries. In order to combat this a Dental Health Campaign was launched in May and this is described more fully on page 31.

APPENDIX I

THE REPORT OF THE ORGANISERS OF PHYSICAL EDUCATION FOR 1963

(Mr. W. Yielder and Miss J. W. Thomson)

The early part of the year was distinguished by exceptionally severe winter weather. Commencing in January, a cold spell of weather with frequent falls of snow and severe frosts continued until March for an unbroken spell of nine weeks, and during this period no outdoor games were possible. The activities of the Schools Football Association were particularly affected, as not a single league or cup game was played during this bad weather and the season ended with a rush of matches in order to complete the fixtures.

In another respect the Schools Football Association had one of their most successful seasons since the Association was formed, as a record number of 54 teams competed in the leagues which were organised in six divisions. This increase in the number of teams resulted not only from the opening of new schools but also from additional teams being entered by some of the existing schools. The highest ever number of teams also took part in the cricket leagues organised by the Schools Cricket Association. The return of one school team after one year's absence together with teams from two new schools produced a record number of 36 teams which operated in four divisions. The Schools Badminton Association also reported an increase in membership and their annual tournament was extended to include both boys' doubles and girls' doubles tournaments.

The number of schools now playing hockey has increased greatly and this is now established as a second major game.

Redwell County Secondary School had the honour of winning the County Netball Tournament for the third successive year, this being the first time that this has been achieved by any school.

The sport of Judo increased in popularity during the year, three more school clubs being formed in secondary schools by enthusiastic teachers, and the club members benefitted from a coaching session conducted by the National Coach of the British Judo Association. The National Coach of the British Canoe Union also visited a Secondary School and took an introductory coaching session for the first school canoe club to be formed in the schools of the town.

A new departure in school swimming was the introduction of the recently established Awards for Proficiency in Personal Survival of the Amateur Swimming Association. The idea behind these awards is that swimmers should learn how to save themselves and others in an emergency by swimming and keeping afloat, and the awards, which are in three grades, include swimming long distances. One hundred and sixty three children gained these awards and this number is likely to increase considerably in future years as the awards gain in popularity. Another new departure was the introduction into the programme of evening classes for adults of "Learn to Swim" classes for adult non-swimmers. The response of the public to these classes was both surprising and gratifying, as the number of applicants greatly exceeded the places available. It is hoped to increase the number of classes in future years but the limiting factor is that only one swimming bath is available.

Most of the Schools Sports Associations extend their activities outside the town and it is customary for either chosen teams or individuals to represent the Association concerned in matches or competitions against other towns. A scheme has now been introduced by the Education Authority to provide a tangible reward in recognition of the honour of being chosen to represent the

town in such events, namely a specially designed cloth blazer badge or enamelled brooch badge. These badges are presented to individual boys and girls nominated by the various schools Sports Associations as being worthy of the honour.

It is pleasing to record further advances in the provision of facilities for physical education. Chief among these is the commencement of building projects to provide a sports hall for a Secondary School, a learner swimming pool for a group of junior schools, an "all-weather" football pitch for schools and youths and the improvement of an existing secondary school gymnasium. The provision of a learner swimming pool, the first one for the town's schools, is particularly pleasing. At the moment, owing to inadequate facilities, swimming instruction can be given only to first year secondary school children and very few of these children are able to swim. It is generally acknowledged that younger children learn to swim more easily provided they can be taught in shallow, warm water, and learner pools provide these essential facilities. It is hoped that more of these pools will be provided so that all children will have the opportunity to learn to swim under ideal conditions before entering the secondary schools, thus enabling them to become more accomplished swimmers during their first year in the secondary schools.

The new gymnasium at the Marine and Technical College was completed and brought into use and immediately proved very popular, being occupied every available hour of the day and evening by students engaged in a large variety of physical activities. The second portion of the College playing fields in Grosvenor Road was also brought into use and provided two more much-needed pitches. Facilities were further increased by the opening of the new St. Cuthberts' R.C. Secondary Girls' School and the new Whiteleas Infants' School.

23rd March 1964.

W. YIELDER,

J. W. THOMSON,

Organisers of Physical Education.

SOUTH SHIELDS EDUCATION AUTHORITY

SWIMMING CERTIFICATES 1963
EDUCATION AUTHORITY CERTIFICATES

Honours	31
1st Class	325
2nd Class	436
3rd Class	723
4th Class	464
$\frac{1}{4}$ mile	326
$\frac{1}{2}$ mile	341
	2,646

ROYAL LIFE SAVING SOCIETY AWARDS

Bronze Cross	5
Bronze Medallion	29
Intermediate Certificate	29
Elementary Certificate	27
	90

AMATEUR SWIMMING ASSOCIATION AWARDS

Personal Survival—

Bronze	107
Silver	51
Gold	5

Schools Proficiency—

Medalist	9
Advanced	2
	174

APPENDIX II

SCHOOL MEALS SERVICE

Mrs. A. Smith, the School Meals Supervisor, reports as follows:—

During the year 1963 a total of 735,059 meals was supplied to school children. This figure showed an increase of 79,016 on the previous year. Of the 735,059 meals, 302,107 were supplied free of charge. The number of children entitled to receive a free meal in December, 1963, was 1,665, a percentage of 8.89 of the school population. The average daily number of free and paid meals consumed was 3,915, a percentage of 20.9 of the school population.

Establishments.

The number of school meals establishments in operation at the end of December was as follows :—

- 3 Central Kitchens.
- 5 Kitchen/dining Rooms.
- 33 Dining Rooms and Dining Centres.

A daily average of 2,485 container meals were despatched to the 33 dining rooms and dining centres in the town and 1,430 meals were served at Kitchen/dining rooms.

Holiday Meals.

Free meals were provided during the school holiday periods. The meals were cooked and despatched from one central kitchen to six dining centres in the different districts of the town. Out of 1,665 children entitled to receive a meal free of charge a daily average of 708 children attended the dining centres, a percentage of 42.5.

Milk in Schools.

Approximately 15,800 were supplied with free milk during 1963, some 3,003,362 third-pint bottles were consumed i.e. 125,140 gallons of milk at a total cost (milk only) of £30,562.

Hygiene and Supervision.

Members of the staff are constantly reminded of the following important points:—

- (a) To observe the elementary rules of personal hygiene.
- (b) To take every precaution during the preparation of the food to ensure that all utensils are thoroughly clean.
- (c) To make full and correct use of the sterilising equipment.
- (d) To observe the rules that when laying tables they should not handle the parts of the cutlery which eventually go into the children's mouths, nor put their fingers inside the beakers.
- (e) To have at all times the interest of the children at heart.

Daily visits are made by the Organiser to as many establishments as time permits. It is during these visits that dining room and kitchen helpers are given instructions and advice.

Dietic and Nutrition aspects.

The school dinner provides an energy value of between 650 and 1,000 calories, and supplies 20 grammes of animal protein and 25-30 grammes of fat in all forms.

It is essential to vary the menu as much as possible and at the same time to consider the likes and dislikes of the children. The School Meals' Staff and particularly the supervisory assistants are instructed to encourage the children to take a little of the foods for which they express a dislike, thus ensuring that as far as possible the children eat a balanced meal. The importance of supplying fresh fruit in the menu is recognised, and whenever the price permits, an apple or fresh fruit salad is served once per week.

APPENDIX III

MINISTRY OF EDUCATION RETURNS

Year ended 31st December, 1963.

PART I—Medical Inspection of Pupils Attending Maintained and Secondary Schools (Including Nursery and Special Schools)

TABLE A—PERIODIC MEDICAL INSPECTIONS.

Age Groups Inspected (By year of birth)	No. of Pupils	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1959 and later	58	58	100	—	—
1958	1,264	1,264	98.5	19	1.5
1957	761	750	98.5	11	1.5
1956	27	27	100	—	—
1955	13	12	92.3	1	7.7
1954	27	25	92.6	2	7.4
1953	68	67	98.5	1	1.5
1952	1,167	1,141	97.8	26	2.2
1951	485	473	97.5	12	2.5
1950	27	27	100	—	—
1949	961	961	100	—	—
1948 and earlier	652	651	99.9	1	0.1
TOTAL	5,510	5,437	98.0	73	2.0

TABLE A (2)—PUPILS FOUND TO REQUIRE TREATMENT
AT PERIODIC MEDICAL INSPECTIONS
(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (By year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total individual pupils (4)
1959 and later	—	6	6
1958	40	119	144
1957	34	66	84
1956	1	4	5
1955	2	3	5
1954	1	2	3
1953	6	7	11
1952	93	96	117
1951	52	31	78
1950	5	2	6
1949	108	65	160
1948 and earlier	76	51	115
TOTAL	418	452	794

TABLE B—OTHER INSPECTIONS

Number of Special Inspections	1,850
Number of Re-inspections	2,009
Total	3,859

TABLE C—INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons.....	19,748
Individual pupils examined	18,902
(b) Total number of individual pupils found to be infested.....	482
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944).....	—
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—

TABLE D—SCREENING TESTS OF VISION AND HEARING

1. (a) Is the vision of entrants tested?	YES.
(b) If so, how soon after entry is this done?	As soon as possible (in second half of term of entry since Autumn term, 1962).
2. If the vision of entrants is not tested, at what age is the first vision test carried out?	—
3. How frequently is vision testing repeated throughout a child's school life?	Four times (to be extended to six times).
4. (a) Is colour vision testing undertaken?	YES.
(b) If so, at what age?	At intermediate and school-leaving inspections.
(c) Are both boys and girls tested?	YES.
5. By whom is vision and colour testing carried out?	Vision—by school nurses. Colour—by school medical officers.
6. (a) Is audiometric testing of entrants carried out?	YES.
(b) If so, how soon after entry is this done?	In term of entry.
7. If the hearing of entrants is not tested, at what age is the first audiometric test carried out?	—
8. By whom is audiometric testing carried out?	By audiometrist and school medical officers.

PART II—DEFECTS FOUND AT MEDICAL INSPECTION

TABLE A—PERIODIC INSPECTIONS

PERIODIC INSPECTIONS						
Defect code No.	Defect or Disease (2)	Entrants		Leavers		Total Requiring observation (10)
		Requiring treatment (3)	Requiring observation (4)	Requiring treatment (5)	Requiring observation (6)	
4	Skin	15	95	34	45	222
5	Eyes—	71	117	182	170	465
	(a) Vision	14	61	6	26	138
	(b) Squint	6	14	10	22	59
	(c) Other	22	49	8	11	82
6	Ears—	6	14	10	9	
	(a) Hearing	22	49	8	12	
	(b) Otitis	4	31	3	5	
	Media	5	12	6	2	
	(c) Other	44	282	6	2	
7	Nose and Throat	20	88	4	20	
8	Speech	3	68	4	12	
9	Lymphatic Glands	1	42	12	38	
10	Heart	12	70	1	29	
11	Lungs	12	70	1	39	
12	Developmental—	1	14	2	12	
	(a) Hernia	—	36	—	7	
	(b) Other	—	—	—	—	
13	Orthopaedic—	3	110	7	25	
	(a) Posture	13	60	12	94	
	(b) Feet	4	60	144	16	
	(c) Other	—	—	—	4	
14	Nervous System—	2	1	6	7	
	(a) Epilepsy	—	—	7	—	
	(b) Other	—	—	—	—	
15	Psychological—	6	1	6	7	
	(a) Development	45	—	7	19	
	(b) Stability	—	—	—	—	
16	Abdomen	1	23	2	2	
17	Other	1	47	2	8	
		8	15	1	9	
			109	30	55	
					24	20

TABLE B—SPECIAL INSPECTIONS

Defect Code No. (1)	Defects or Disease (2)	SPECIAL INSPECTIONS	
		Pupils requiring Treatment (3)	Pupils requiring Observation (4)
4	Skin	1,052	—
5	Eyes—(a) Vision	149	—
	(b) Squint	10	3
	(c) Other	113	9
6	Ears—(a) Hearing	18	6
	(b) Otitis Media	10	—
	(c) Other	97	3
7	Nose and Throat.....	53	13
8	Speech.....	7	5
9	Lymphatic Glands	6	1
10	Heart.....	—	—
11	Lungs	11	1
12	Developmental— (a) Hernia	1	—
	(b) Other	2	1
13	Orthopaedic— (a) Posture	1	—
	(b) Feet	23	10
	(c) Other	16	8
14	Nervous System— (a) Epilepsy	—	—
	(b) Other	3	—
15	Psychological— (a) Development	2	2
	(b) Stability	3	1
16	Abdomen	1	—
17	Other.....	245	22

PART III—TREATMENT OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY
AND SPECIAL SCHOOLS)

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	No. of cases known to have been dealt with
External and other, excluding errors of refraction and squint	105
Errors of refraction (including squint)	155
Total	260
No. of pupils for whom spectacles were prescribed	1,362

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	No. of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	7
(b) for adenoids and chronic tonsillitis	589
(c) for other nose and throat conditions	65
Received other forms of treatment	39
Total	700
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1963	1
(b) in previous years	12

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

	No. of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	10
(b) Pupils treated at school for postural defects	—
Total	10

TABLE D—DISEASES OF THE SKIN

(excluding uncleanliness, for which see Table C of Part I)

	No. of cases known to have been treated
Ringworm—(a) Scalp	5
(b) Body	1
Scabies	89
Impetigo	79
Other skin diseases	649
Total	823

TABLE E—CHILD GUIDANCE TREATMENT

	No. of cases known to have been treated
Pupils treated at Child Guidance Clinics	86

TABLE F—SPEECH THERAPY

	No. of cases known to have been treated
Pupils treated by speech therapists	108

TABLE G—OTHER TREATMENT GIVEN

	No. of cases known to have been dealt with
(a) Pupils with minor ailments	61
(b) Pupils who received convalescent treatment under School Health Service arrangements ..	—
(c) Pupils who received B.C.G. Vaccination.....	1,911
(d) Other than (a), (b) and (c) above. Please specify:	
Appendicitis 3; Asthma 2	5
Bronchitis 19; Cough 23; Debility 54	96
Enuresis 7; Hepatitis 2; Injuries 63	72
Meningitis 10; Observation 66	76
Rheumatism 1; Stomach upset 8	9
Total (a)—(d).....	2,230

PART IV—Dental Inspection and Treatment Carried out by the Authority.

(1) Number of pupils inspected by the Authority's Dental Officers:—		
(a) At Periodic Inspections	8,662	} Total (1) 9,734
(b) At Special Inspections	1,072	
(2) Number found to require treatment		6,130
(3) Number offered treatment		4,368
(4) Number actually treated		2,843
(5) Number of attendances made by pupils for treatment excluding those recorded at 11(h)		7,865
(6) Half days devoted to:		
(a) Periodic (School) Inspection	91	} Total (6) 1,371
(b) Treatment	1,280	
(7) Fillings:		
(a) Permanent Teeth	3,849	} Total (7) 4,199
(b) Temporary Teeth	350	
(8) Number of Teeth filled:		
(a) Permanent Teeth	3,660	} Total (8) 3,989
(b) Temporary Teeth	329	
(9) Extractions:		
(a) Permanent Teeth	899	} Total (9) 4,194
(b) Temporary Teeth	3,295	
(10) Administration of general anaesthetics for extraction		1,542
(11) Orthodontics:		
(a) Cases commenced during the year	57	
(b) Cases brought forward from previous year	20	
(c) Cases completed during the year	28	
(d) Cases discontinued during the year	16	
(e) Pupils treated with appliances	59	
(f) Removable appliances fitted	64	
(g) Fixed appliances fitted	—	
(h) Total attendances	341	
(12) Number of pupils supplied with artificial teeth		46
(13) Other operations:		
(a) Permanent Teeth	1,610	} Total (13) 1,920
(b) Temporary Teeth	310	

APPENDIX IV

BOLDON LANE HEALTH CENTRE

DR. LORNA ROZNER reports as follows:—

1963 was the first full year of operation of the Boldon Lane Health Centre and services based on this centre are still expanding. Some decentralisation of services, staff and records has been possible but the more specialised clinic work is not duplicated at this centre and children are referred to the main centre for certain investigations and treatment. The subsidiary centre also depends on the central clinic for some of the records and for all ordering of equipment. Clerical staff for special sessions is seconded from the Health Department.

Each week two Child Welfare Clinics are held at Boldon Lane, one of which is attended by the Paediatric Registrar from the South Shields General Hospital and the other by the Medical Officer at the Boldon Lane Centre. These sessions are well attended compared with their forerunners at the old Boldon Lane Clinic held in the Church Hall. This is probably due partly to the change in the time at which the sessions are held—it is easier for mothers with young families to attend afternoon than morning sessions—but undoubtedly the improved premises have also encouraged more people to attend the baby clinics. Occasionally, we have even been rather pushed for space at the busiest times.

Two Ante-natal Clinics are also held each week. During the first half of the year, there was a medical officer in attendance at one clinic each week, but during the latter half, a medical officer attended each ante-natal session. Throughout the year, two ante-natal relaxation classes were held each week, and a Health visitor was in attendance at one weekly clinic to advise on health problems arising among the expectant mothers and to act as a link between the ante-natal and infant welfare services. The presence of a health visitor at these clinics is very useful. Matters do arise which are outside the province of the midwives, and unless there is an older child in the family, the expectant mother is not normally in contact with the health visitor on the district. It is unfortunate that the floorspace available for the relaxation classes at this centre is limited so that only a small group of expectant mothers can attend at a time.

Details of the Dental Clinic sessions held at the Boldon Lane Centre are included in the dental report (p. 30). The proximity of the dental department greatly facilitates the referral of ante-natal, pre-school and school children requiring attention.

Speech therapy sessions are held here on one whole day each week. The premises are also used for Child Guidance sessions with the Psychiatrist in attendance, and the Educational Psychologist spends one day each week on mental ascertainment and therapy. The centre is excellent for this purpose because relative silence and privacy are readily attained.

Schoolchildren attending those schools served by the Boldon Lane centre attend the centre for treatment of minor ailments, and the two school nurses there clean up verminous conditions and deal with dressings and treatments as required.

As at the main centre, the subsidiary centre is used for immunisation-work and for pre-school medical inspections, special inspections of schoolchildren, etc.

The premises are used for the sale of welfare foods and also for the distribution of sick requisites on loan.

The building itself is very pleasant to work in, despite a few snags, such as limited car-parking space. The hall is excellent for health education film shows, and it is useful to be able to provide refreshments to the expectant mothers.

Inevitably, there are slight administrative difficulties, for example when children who live in the area attend for treatment, but whose school record cards are held at the main centre because they attend schools in other parts of the Borough. The clerical staff co-operate by telephone in such circumstances, and information is available as required in most instances.

Premature Baby Clinic.

By arrangement with Dr. R. D. G. Creery, the Consultant Paediatrician, a scheme was begun in February 1963, for an interchange of hospital and local authority staff.

Each Tuesday afternoon, a doctor from the paediatric unit of the hospital comes to supervise the Child Welfare session at the Boldon Lane Centre, while a local authority medical officer and a health visitor attend the Premature Baby follow-up Clinic at the South Shields General Hospital. The Health visitors attend on a rota basis for a month each.

So far, the scheme has worked very satisfactorily. It has led to a better understanding of the different problems which face the hospital and local authority services and has enabled the two services to exchange information on difficult cases, thus providing better integration of the available facilities.

The medical and nursing staff involved appreciate the stimulating effect of the interchange and expect it to help to improve the standard of the service to the children of the Borough.

